

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90205 010 ***150.00

DOCUMENT # P94000037965

1. Entity Name
15500 PINES BOULEVARD CORPORATION



Principal Place of Business
**1401 UNIVERSITY DRIVE
STE. 200
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE
STE. 200
CORAL SPRINGS, FL 33071**

60034467



2. Principal Place of Business
1600 Sawgrass Corp Pkwy

3. Mailing Address
1600 Sawgrass Corp Pkwy

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

04032006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0492057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARK GRANT C/O RUDEN BARNETT
200 E BROWARD BOULEVARD
FT LAUDERDALE, FL 33302**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

SEE ATTACHED

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1401 UNIVERSITY DRIVE #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VAS** ☐ Delete
NAME **FANT, ALAN**
STREET ADDRESS **1401 UNIVERSITY DRIVE #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VT** ☐ Delete
NAME **COSTELLO, RICHARD A.**
STREET ADDRESS **1401 UNIVERSITY DRIVE #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **S** ☐ Delete
NAME **CORBAN, PAUL**
STREET ADDRESS **1401 UNIVERSITY DRIVE #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **V** ☐ Delete
NAME **NORWALK, RICHARD M.**
STREET ADDRESS **1401 UNIVERSITY DRIVE #200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **V** ☐ Delete
NAME **MENENDEZ, N. MARIA**
STREET ADDRESS **1401 UNIVERSITY DR # 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **VAS** ☒ Change ☐ Addition
NAME **FANT, ALAN J.**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **V** ☒ Change ☐ Addition
NAME **COSTELLO, RICHARD A.**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **S** ☒ Change ☐ Addition
NAME **CORBAN, PAUL**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **V** ☒ Change ☐ Addition
NAME **NORWALK, RICHARD M.**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **VT** ☒ Change ☐ Addition
NAME **MENENDEZ, N. MARIA**
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**
CITY-ST-ZIP **SUNRISE, FL 33323**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. MARIA MENENDEZ, VICE PRESIDENT

Date

4/28/06

Daytime Phone #

954-753-1730

ATTACHMENT

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CONTINUATION PAGE
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE:

V

NAME:

JEFFREY S. MOOALLEM

STREET ADDRESS:

1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP:

Sunrise, FL 33323